TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT Docket No. (Under 37 CFR 1.97(d)) 17.003011 CON 2 In Re Application Of: Harrington, et al Group Art Unit Confirmation No. Customer No. Application No. Examiner Filing Date 3267 38732 3739 03/29/04 10/812,476 Title: Method and Apparatus for Tubal Occlusion Address to: Commissioner for Patents The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(c), and on or before payment of the issue fee, and is accompanied by the Statement as specified in 37 CFR 1.97(e) and the fee set forth in 37 CFR 1.17(p). is attached. A check in the amount of The Director is hereby authorized to charge and credit Deposit Account No. 502855 as described below. Charge the amount of \$180.00 X Credit any overpayment. \boxtimes Charge any additional fee required. X ☐ Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. Certificate of Mailing by First Class Mail Certificate of Transmission by Facsimile* I hereby certify that this correspondence is being deposited I certify that this document and authorization to charge deposit with the United States Postal Service with sufficient postage account is being facsimile transmitted to the United States in an envelope addressed to as first class mail Patent and Trademark Office "Commissioner for Patents, P.O. Box 1450, Alexandria, VA (Fax no. 22313-1450" [37 CFR 1.8(a)] on (Date) (Date) Signature of Person Mailing Correspondence Signature Typed or Printed Name of Person Mailing Certificate Typed or Printed Name of Person Signing Certificate *This certificate may only be used if paying by deposit account. Dated: February 6, 2009 /Heather Larson/ Signature **Heather Larson** Reg. No. 50,411 Hologie Inc. 250 Campus Drive

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